

aware, previous to the one now related, have the contents of the tumour been evacuated directly as a purulent viscous fluid from the bladder, proving a direct communication with that organ.

"The occasional occurrence of such spontaneous cures, has led to the proposition of producing permanent artificial openings, with a view of imitating a natural cure. Mr. Bainbrigge of Liverpool—(*Prov. Med. and Surg. Journal*, vol. iii. p. 593)—suggests making an incision into the sac, and uniting its edges with the external wound; and Dr. Tilt of London (*Lancet*, vol. ii. 1848) has lately proposed making a minute aperture by means of Vienna paste, so as to cause a permanent opening. Such practice can only be useful at a particular period in the growth of ovarian tumours—that is, when all the internal cysts have broken down into one; indeed, it is only in these cases that Dr. Tilt proposes making the aperture. But such cases are exceedingly rare, and the practice recommended can be of no real advantage until these gentlemen instruct us how to distinguish in the living subject unilocular from multilocular cysts. Numerous dissections of ovarian tumours have convinced me, that in the present state of the art this knowledge is not to be arrived at with any degree of certainty; and that consequently any proposal, however valuable in itself, which is founded upon the assumption of our possessing that knowledge, is not likely to be practically beneficial.

"Another proposition, however, has been made, which deserves consideration. In the paper formerly referred to, I remarked—"One practical rule to be followed in the treatment of these cases is, not hastily to have recourse to tapping, but by all possible means of delay to further the natural disposition, which the internal cysts exhibit under pressure, of forming one large sac." "There is every reason to suppose, that artificial pressure is capable of facilitating the absorption of the walls of the secondary cysts, and their opening into each other; but we possess no means of ascertaining when only one sac is produced. That it has succeeded in obliterating and ultimately curing the disease, however, has been proved by Mr. Isaac Brown—(see cases recorded in the *Lancet*)—whatever other opinions may be held respecting the propriety of his treatment."

"Now, the case I have read seems to me illustrative of the effects of pressure. It must be acknowledged that the seven months which had elapsed between the time the tumour was first perceptible, and the period when it spontaneously burst and collapsed, was a remarkably short one. In the most favourable cases this result takes about two years to accomplish by itself; but in the instance of Pyper, the tumour was subjected to the gradually increasing and equable pressure of the pregnant uterus, and to its influence must, I think, be attributed the fortunate result and rapid breaking down of the secondary cysts. The ulceration into the bladder was probably determined by the direction the pressure had assumed in this case, and, of course, could not be imitated artificially.

"There still remain only two methods of curing an ovarian dropsy by art—viz: by excision, and by pressure followed by puncture. The case I have narrated confirms the views suggested by pathology with regard to the *modus operandi* of the latter treatment; and if, in cases which do not admit of extirpation, pressure be so gradually and equably applied as to obliterate the internal or secondary cysts, an artificial opening then made would cure the disease. The difficulty is to ascertain when the moment for making the puncture has arrived—in other words, when a multilocular is converted into a unilocular cyst. In the present state of the art, this, as I have said, is impossible; but, as an exact indication of the difficulty is often the best preliminary to its removal, I do not despair of some day seeing it completely conquered by the cultivators of rational medicine."—*Monthly Journ. Med. Sci.*, Feb. 1849.

30. *Treatment of Epilepsy.*—M. DELASIAUVE, in the concluding portion of his essay on the treatment of epilepsy, directs especial attention to the importance of hygiene, which he considers to equal, if not surpass, that of medicine in the disease. There are some practitioners, even, who look upon medicine as utterly useless in such cases, and place their sole reliance on such measures as serve

to guard the patients against the causes which induce the fits, and favour the action of such natural agents as are capable of changing the constitution. Hippocrates recommended a change of climate; and Van Swieten mentions several instances in which epileptic patients were freed from their fits all the while they remained in the East Indies. M. Delasiauve advises, when a change of climate is practicable, that a gentle, temperate climate should be selected—one but little subject to atmospheric changes; because experience has shown, in those asylums where epileptic patients are admitted, that the fits are much more frequent during extreme cold or extreme heat, and especially during continued variations of temperature. With respect to diet, the temperament, idiosyncrasy of the patient, state of the constitution, and his usual habits of living, will more or less modify it; but nevertheless it may be stated, that excess in quantity or quality, of either food or drink, will prove injurious. Every infraction of the rules of temperance will induce a relapse. More vegetable than animal food should be taken, and cooling fruits may also be used. Complete abstinence from wine is perhaps hardly necessary; but if it be drunk, the wine selected should be the least stimulant, and even then only taken in moderation. Those patients who are liable to be attacked during the night, should make but a light supper, to avoid increasing the cerebral plethora, which is always greater during sleep. The necessity of maintaining the excretions must be self-evident. With respect to the insensible perspiration, cleanliness, baths, pediluvia, frictions, and warm clothing are requisite. Hard cravats and stays are decidedly injurious; and straw hats are better than the hats and caps which are in common use. The hair should be cut short; in bed, the patient should lie with his head high, to assist the circulation of the blood through the brain. Constipation should be avoided; when it occurs, it must be treated by injections and laxatives; the digestive organs should be especially attended to.

A disordered condition of the menstrual secretion is generally the cause of increased severity of the fits. The ordinary recurrence of the discharge is frequently sufficient to induce a fit, so that the attention of the practitioner should be directed to this secretion, to maintain it in a healthy state.

Continence is essentially the virtue of the epileptic; sexual intercourse produces a nervous shock, which too closely resembles the emotion which occasions the epileptic attacks, not to be attended with great danger. Those who practise onanism have, in general, the greatest number of fits. A peaceable and quiet life suits the epileptic best. Everything that tends to excite their feelings, to rouse their passions—the strong feelings of love, contradiction, and grief, inevitably add to the intensity of the disease. Their situation demands the greatest management, as they are in general very susceptible and irritable, especially just before and after a fit. Exercise is very salutary; an inactive, sedentary life, increases the morbid predisposition, and renders the consequences of the fits more deplorable. Hippocrates and Galen lay great stress on bodily exercise. Esquirol recommends gardening, horse-exercise, the gymnasium, swimming, fencing, &c. Some of these M. Delasiauve considers objectionable. M. Ferrus, on whose opinion our author evidently places great reliance, depends much on the utility of out-door work, such as agriculture and gardening. While acting as the principal physician at the Bicêtre, M. Ferrus tried this plan of treatment somewhat extensively, both with the insane and with epileptic patients. Both classes were benefited, but the latter most so. The utility of gardening is equally discoverable in private life. Of this we have in the essay before us an illustration, in the case of a gentleman subject to epileptic fits, for which medical aid was powerless, but which was entirely arrested by a journey to Switzerland, and garden-work, carried on by the patient for a series of years. Other cases are also alluded to, in which a similar result followed the having recourse to garden employment.

Horse exercise, swimming, and fencing, which, as previously mentioned, are recommended by Esquirol, are stated by M. Delasiauve to be dangerous, as are also all exertions which require too large an expenditure of strength, or a stooping posture, or in which the body is exposed to a very intense heat or light.

Variety of occupation, intermingled with amusing relaxations, will prove serviceable in cases of epilepsy. Intellectual employment requiring deep thought

is injurious. Reading, drawing, music, light composition, and the elements of chemistry, botany, physics, &c., afford great satisfaction, and sustain the moral powers, instead of exhausting them.

In his concluding remarks, M. Delasiauve recommends the establishment of institutions for the reception of epileptic patients, in order that a hygienic as well as a medical plan of treatment may be carried out, as is practised at the Bicêtre. He considers them to be absolutely indispensable.

With respect to the treatment during the fit, it resolves itself almost entirely to the prevention of bodily danger by falls or otherwise. The patient should generally be placed on his back in bed, all tight articles of clothing removed, the head a little raised by pillows, in order to diminish the determination of blood to the head, and the body placed a little on one side, in order to favour the discharge of saliva, which collects in quantity in the mouth, and might otherwise prevent the passage of air into the lungs. Some patients, when attacked during the night, have an unfortunate tendency to turn on the face, and unless carefully watched, and their position changed, may die asphyxiated. Another accident, which occurs in some instances, is the laceration, or even the amputation, of the tongue during the fit. To prevent this, a piece of wood, or a linen roll, may be placed between the teeth when the fit is coming on.

The symptoms consecutive to the attack occasionally require the attention of the medical practitioner. Generally speaking, the patient complains simply of a little fatigue, heaviness, and headache, which may be removed by rest, or by a slightly sedative or cordial infusion, with sinapised pediluvia. In the more severe cases, where the symptoms indicate congestion of the brain or lungs, the indication of practice is the abstraction of blood by large general bleedings, assisted by cupping and the application of leeches. The loss of blood is readily borne under such circumstances. Warm baths, external revulsives, sinapisms, flying blisters, &c., may also be had recourse to. The utility of refrigerant applications appears to M. Delasiauve to be problematical.—*Journal of Psychological Medicine*, from *Annales Medico-Psychologiques*.

M. METTAS, at Montrouge, strongly recommends the employment of tartarized antimony externally in frictions on the head, in cases of epilepsy. He mentions several cases in which benefit has been derived from this plan of treatment, which is not, however, a novel one, counter-irritation having been employed long since, although now much neglected.—*Gazette Médicale*.

M. PERAIRE, considering epilepsy to depend on a momentary cerebral congestion, proposes to cure it by obliterating the numerous arterial branches which are distributed to the pericranium by subcutaneous incisions.—*Revue Médicale*.

Dr. R. W. EVANS, of Richmond, C. W., relates (*British American Journ. of Med. and Phys. Sci.*, Jan. 1849) a case of epilepsy successfully treated by an infusion of the *scutellaria geniculata*, made according to the following formula: R.—Scutellar. genic. ʒij; aq. bullientis, ʒviii; ft. infus. The mode of administration is to begin with two tablespoonfuls every eight hours, increasing the dose after the termination of a week, to double that quantity, with an occasional aperient.

The subject of Dr. Evans' case was a female, 26 years of age, who had suffered from the disease for eight years, the attacks coming on every six or seven days. The patient had taken for months, nitrate of silver, iron, zinc, strychnia, digitalis, ammoniuret of copper, valerian, musk, &c., without any benefit. Dr. Evans directed the scutellaria according to the above formula, which was continued for six weeks, when a profuse salivation took place, with a slight constriction of the fauces. The medicine was discontinued, a Seidlitz powder directed, and in a few days the ptyalism ceased. At the date of the report, Nov. 8th, the patient had been taking the medicine daily, for four months, during which she has not had a single attack. She enjoys excellent health, and her memory seems to improve daily.

Dr. E. states that he has under his care two other cases which seem to manifest the superiority of the medicine. They are, in a manner, almost recovered, with the exception of a violent palpitation of the heart at the expected period of attack, which passes off without any bad result, by the timely administration

of a few doses of tinct. digitalis, and by keeping the patient free from mental irritation, which is a frequent cause of epileptic palpitation. It is necessary to state, that in order to secure a perfect cure, the medicine ought to be continued five or six months.

31. *Iodide of Potassium in Saturnine Affections.*—M. MELSENS has transmitted to the French Academy of Sciences, a memoir on this subject. The treatment proposed by the author rests upon the principle of rendering soluble metallic substances which might otherwise remain in the system, by associating them with another substance which is readily eliminated by the organs of secretion. M. Melsens remarks, that the insoluble compounds resulting from the combination of mercurial salts and the contents of the digestive organs, dissolve in hydriodate of potass, and that the great facility with which this salt is rejected may induce a hope that the poison will also be eliminated at the same time. M. Melsens asserts, that the same solubility in hydriodate of potass exists for salts of lead. Sulphate of lead, for instance, exhibited alone to a dog, produces death in a very short time; but no accident whatever is observed if the hyd. of potass is taken together with the saturnine sulphate. In cases of mercurial palsy, related by M. Melsens, the symptoms yielded to the iod. pot., and mercury was detected in the urine during the exhibition of this drug. But as it is by facilitating the absorption of an insoluble substance contained in the intestine, that M. Melsens endeavours to produce its elimination, the method is not altogether without peril, and it is only in very small and gradually increasing doses that he recommends the use of the hyd. of potass.—*Med. Times*, Feb. 24.

32. *On the external use of Iodine in Croup.*—Dr. WILLIGE speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighbourhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three cases in which, by this means, he succeeded in averting impending death.—*Lond. Med. Gaz.*, Jan. 1848, from *Schmidt's Jahrbücher*, No. 7, 1847.

33. *Spigelia Marylandica in Pruritus Ani depending upon Ascarides.*—Dr. KOREFF gives two cases of rebellious itching of the anus, which yielded to this treatment after the fruitless employment of the usual remedies. The root is the only part of the plant which possesses the required virtue, the leaves being perfectly inert. The formula employed was as follows:—R.—Radiciis spigeliæ dr. iss; mannæ oz. j. To be infused in a pint of boiling water. Dose, a cupful three times a day, for three days. A concentrated decoction of the root may at the same time be used as an enema.—*Revue Médico-Chirurgicale*, Sept. 1848.

34. *Lemon Juice in Rheumatic Gout.*—Dr. OWEN REES narrates the case of a girl, aged 18, suffering from rheumatic gout in all her joints, who was treated successfully by lemon juice, in the dose of half an ounce three times a day. In his remarks on the case, he states that he has in many other cases seen marked and rapid relief from the same plan. He first had recourse to lemon juice from a belief that vegetable acids, from the large quantity of oxygen they contain, contribute to effect the transformation of the tissues generally, and moreover, from the idea that the supercitrate contained in the juice, by its transformation contributed to the alkalinity of the blood.—*Med. Gaz.*, Jan. 26, 1849.

35. *Employment of Nux Vomica in the Diarrhoea of Exhaustion.*—Dr. NEVINS mentioned, at the meeting of the Liverpool Medical and Pathological Society, the benefit derived from the employment of nux vomica in the treatment of the diarrhoea from exhaustion, chiefly observed in pauper patients, and especially children. In these cases he had repeatedly found no benefit from astringents